#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH

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M)	1. PLACE OF DEATH o. COUNTY	1
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2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) rrett Maryland b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 6 hours Westernmort d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION Weeks Nursing Home Church St. YES NO NAME OF 4. DATE Middle Month Day Year DECEASED WILLIAM RILEY BOSLEY DEATH 19 60 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthdoy) Months Days Male White Feb. WIDOWED | DIVORCED [ y 13. 12. CITIZEN OF WHAT COUNTRY? 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) U.S.A. Coal Mine West Virginia Miner 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John W. Bosley Florence Liller 17 INFORMANT IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no or unknown) Mrs. William Bosley, Westernport. INTERVAL BETWEEN IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral accident 6 hrs IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which Vrs Generalized apterio: Sclerosis gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Doy, Year factory, street, office bldg., etc.) Hour o.m. Not while at work at work 21. I certify that (I) (this haspital) attended the deceased fram. Aug. 4 ... 19.60 ta Aug. 13 ... 19.60 that (I) (we) last 13\_19 60, and that death accurred at 9PM, from the causes and an the date stated above. saw the deceased alive an AUD.

PHYSICIAN'S

NAME (Type) J. H. Wolverton, Sr

17.

1060

ATTENDING MED. PHYS M.D. 22d, ADDRESS

Piedmont. West Va.

24. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

23a. BURIAL, CREMATION, 23b. DATE THEREOF

Westernport.

ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Philos Cemetery

2So, REC'D BY REGISTRAR DATE AUG 1 8 '60

25b. REGISTRAR'S SIGNATURE arthur S. Kruss

23d. LOCATION (City, town, or county)

Westernnort, Maryland

SIGNED

(Stote)

TO FUNERAL DIRECTOR: After page 3 should be detached for the State Board of Health print VR A15 (4) 15M 9/59

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending hysician.

O FUNEXAL DIRECTOR: After this certificate is been signed by the attending physician and campletely filled by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death.

2	- (	2		down
VE 15	M	9/	[4] 55	)

1. PLACE OF DEATH  a. COUNTY  GARRETT  MARYLAND  b. CITY OR TOWN (if outside corporate limits, write RURAL and give necresi lown)  RURAL  d. NAME OF MOSPITAL (if not in hospital, give street address)  3. NAME OF MOSPITAL (if not in hospital, give street address)  3. NAME OF MOSPITAL (if not in hospital, give street address)  3. NAME OF MOSPITAL (if not in hospital, give street address)  3. NAME OF MOSPITAL (if not in hospital, give street address)  3. NAME OF MOSPITAL (if not in hospital, give street address)  3. NAME OF MOSPITAL (if not in hospital, give street address)  3. NAME OF MOSPITAL (if not in hospital, give street address)  3. NAME OF MOSPITAL (if not in hospital, give street address)  3. NAME OF MOSPITAL (if not in hospital, give street address)  4. DATE DURST AUG DURST MOSPITAL (if not in hospital, give street address)  5. SEX   6. COLOR OF RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH NOV 5, 1999   15 AGE (in year)   16 DURST   100. USUAL OCCUPATION (Give kind of works give went ir refired)   100. WHITE   100.	Neg. Dist. No.					
1. PLACE OF DEATH o. COUNTY		MARYLAN	a. STATE	b COUNT		on)
RURAL and give	negrest lown)		Vi .		RURAL and give nearest town)	
d. NAME OF HOS OR INSTITUTION	PITAL (If not in haspital, give N	e street address)	d. STREET ADDRESS		e. 15 RESH ON A YES 🔀	DENCE FARM? NO
3. NAME OF DECEASED (Type or print)				OF	00	9 60
				last birthday	Months Days Hours	Min.
HOURE	verking life, even if refired)				12. CITIZEN OF WHAT	COUNTRY
RICHAF			MARY E.			
15. WAS DECEASED E	VER IN U. S. ARMED FORCE [III yes, give wor or dotes of servi	S? 16. SOCIAL SECURITY NO.				
gave rise to cause (a), stati	immediate DUE TO					
PART II. (	WAS UNDERLYING [] 20				IVEN IN PART 1(a) 19. WAS A PERFOR YES	MED2
	,	20d, INJURY OCCURRED 20e.	M 100 04 11 11 11 11 11 11 11 11 11 11 11 11 11	Took sets		
20c, TIME OF INI	n. 19	While Not while at work at work	PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.	1 20t. (City or fown)	(Caunty)	(State)
21. I cortify alive on ACTUAL SIGNATURE	n. 19	While Not while at work at wor	factory, street, office bldg., etc.	My, from the causes Address (Street, city or town N ST	G., that I lost saw the a	decease d abov
21. I certify alive on_	that I attended the day AUG 13  AUG 13  JAMES H V  TION, 125b. DATE THEREOF	While Not while at work at wor	oth occurred at 4.A.  M.D. GREE	My, from the causes ADDRESS (Street, city or town	G., that I lost saw the cond on the date state n, state)  B/2	deceased above the significant of the significant o

and the state of t AND AND STATE OF THE PARTY BEAUTY BY THE THE The second of th

# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital an ottending thysician. TO FUNERAL DIRECTOR: After this certificate is been signed by the ottending physician and completely filled by the funeral director. y the funeral director, O FUNERAL DIRECTOR: After this certification is been signed by the attending physician and completely filled page 3 should be detached for use as the burial-tronsit permit. Then please remove carban papers. Pages 1 the registror priar to burial, cremation, or removal, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
9155 CERTIFICATE OF DEATH

09128

	<b>QEX.111.10</b>	AIL OI DUAII		Reg. D	ist. No.
o. COUNTY Garrett	MARYLAND	2. USUAL RESIDENCE (W		If institution, Reside	nce before admission)
b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town) Oakland	c. LENGTH OF STAY IN 16	RURAL	outside corporate lim		give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give on institution Guppett Nursing		d. STREET ADDRESS			IS RESIDENCE     ON A FARM?     YES  NO
3. NAME OF Pirst DECEASED (Type or print) Addie	Middle Belle	Eshelman	4. DATE OF DEATH ÂU	Month S. 9,	Doy Year 1960
	MARRIED   NEVER MARRIED   DOWED   DIVORCED	Sept. 11,	1879 7. AGE	(In years of UNDE birthdoy) Months	Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) House Wife	106. KIND OF BUSINESS OR INDU		or foreign country) ampshire	_	TIZEN OF WHAT COUNTRY
George Howard		14. MOTHER'S MAIDEN I	e Carper	ider	
15. WAS DECEASED EVER IN U. S. ARMED FORCES: (Yes, no. or unknown) (If yes, give wor or dote of service	1	INFORMANT	Swager	Address Oakland	a. Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate cause (o), stating the under- lying couse lost.	per line for (a), (b), and (c).]  Uremia  Arteriosclerosi:	s, generalized	d		interval setween onset and death 2 weeks
Part II. OTHER SIGNIFICANT CONDITION Cereberal vascular  20d. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ons contributing to DEATH BUT accident March 19	T NOT RELATED TO THE TERM	INAL DISEASE COND	PITION GIVEN IN PA	PERFORMED?  YES NO
	DESCRIBE HOW INJURY OCCURRE				
A Hour o. m.	White Nat while fo	ACE OF INJURY (Home, form clary, street, affice bldg., etc	)	n) - 1	(County) (State)
21. I certify that I attended the de alive an 8-8-60	19 and that death		M, fram the ADDRESS (Street, cit	causes and an yor town, state)	last saw the deceased the date stated above DATE SIGNED 8-9-60
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial 8/11/1960	22c. NAME OF CEMETERY C			ity, town, or county)	(Stote) W.Va.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS  Davis, 1	1	D BY REGISTRAR AUG 1 2 '60	246. REGISTRAR'S S	

VS A15 (4) 15M 9/S5

	9156	CERTIFIC	ATE OF DEATH	1—BALIIMOKE,	() g Reg. Dist. No.	129
1, PLACE OF DEATH o. COUNTY Garre	tt	MARYLAND	2. USUAL RESIDENCE (Wh. Maryland.	era deceased lived. If institution b. COUNT	ron: Residence befor	e admission)
b. CITY OR TOWN (If RURAL ond give no Oakla)	outside corporate limits, write arest town)	68 yrs.	CCITY OR TOWN (IF o	outside corporate limits, write		rest town)
d. NAME OF HOSPITA OR INSTITUTION Fourth	AL (If not in hospitol, give street Street	el oddress)	d. STREET ADDRESS Fourth S	treet		e, IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	John	McClellan F	alkenstein	4, DATE Mo OF DEATH AUGU		
s. sex Male	White wibo	RRIED NEVER MARRIED DIVORCED DIVORCED		9. AGE (In yeon gast birthday) 98 yrs	Months Days	Hours Min.
100. USUAL OCCUPATION during most of works Retired Ca	ing life, even it relifed)	b. KIND OF BUSINESS OR INDU Self Employed		ginia	U.S.A	F WHAT COUNTRY?
IS. WAS DECEASED EVER	Falkenstein R IN U. S. ARMED FORCES? If yes, give wor or deles of service)		INFORMANT	e Feather	oakland,	. Md.
PART I. DEAT	TH [Enter only one couse per TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	In for (o), (b), and (c).]  Deny death.	1 RL+	Lewis	INTE	RVAL BETWEEN ET AND DEATH
gove rise to in couse (o), stating t lying couse lost.	he under-	Insurcera	ted right	Fermond &	mie -	3 days
20g. ACCIDENT WAS	S UNDERLYING [] 20b. DI	CONTRIBUTING TO DEATH BU  LEVER TO THE STATE OF THE STATE	erotio Cara	leo Vasoubar,	11.	P. WAS AUTOPSY PERFORMED? YES NO P
20c. TIME OF INJURY Hour o. m. p. m.	Whil	INJURY OCCURRED 20e. PM  Not white ork of work	ACE OF INJURY (Home, form, street, office bldg., etc.	20f. (City or town)	(County)	(Slote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	erbert H. Le	ed, and that death	mo. 77 Gan	M, from the causes ADDRESS (Street, city or town  St., Call  and, Md.	and on the dat	the deceased to stated above DATE SIGNED
220. BURIAL CREMATION BUY 18 1	8/16/1960	Oakland Cen	netery	22d. LOCATION (City, town, Oakland, M	laryland	
23. FUNGERAL DIRECTOR'S	rightlen	Oakland,	242		thus S. Kraw	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 3 the funeral may be retained by the haspital or attending priction.

TO FUNERAL DIRECTOR: After this certificate been signed by the attending physician and completely filled the funera page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 10/57

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# HEALTH DEPT.

y is necessary, at director. Page

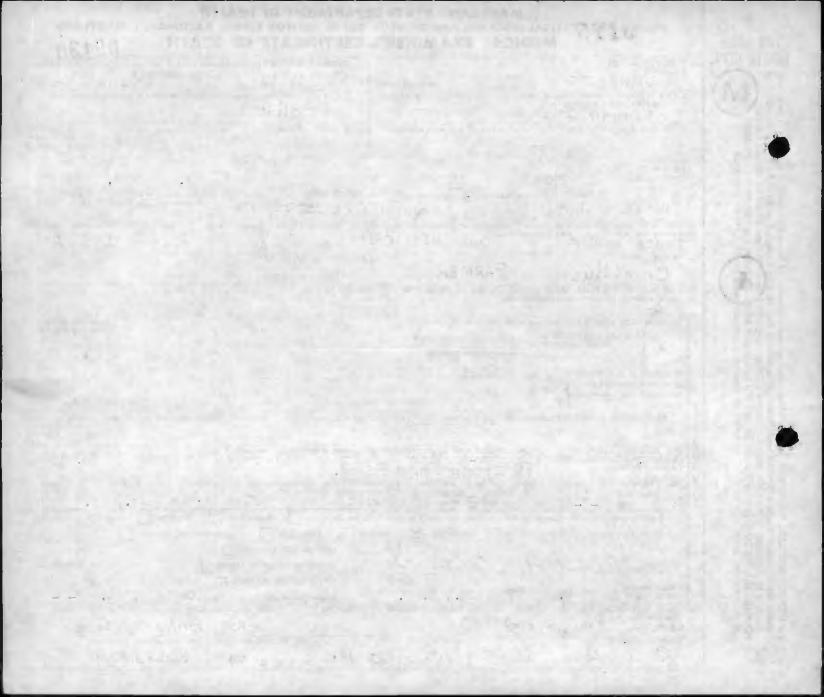
TO DEPUTY MEDICAL EXAMINER: The prificate should be executed within 24 hours after death. If any y is nec please execute the certificate, writing the word "pending" in pencil in 18. Give Pages 1, 2, and 3 to the full director 4 should be forwarded to the Chief Medical Examinar's Office along with form Prix. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Elia pages 1 and 2 with the State Board of its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. ATSME 5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH

Divisi STREET, BALTIMORE 1, MARYLAND AFPICAL EVA MINER'S MEDICAL EXAMINER'S CERTIFICATE DEATH OF 09130

1. PLACE OF DEATH			2. USUAL RESIDEN	CE (Where decessed lived, If	Institution: Residence before admission)
GARR	ETT	MARYLAND	a. sinie W	Va.	KANAWNA
write RURAL end	foutside corporate limits, give neerest town) NINGTON	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN !	outside corporete limits, write	s RURAL and give nearest town)
	AL OR INSTITUTION (if not in ho	spilel, give street eddress)	d. STREET ADDRESS	-	o. IS RESIDENCE ON A FARM? YES \( \begin{picture} \text{NO} \\
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Yeer
(Type or print)	THOMAS	LEE F	ARMER	DEATH AUG.	2nd. 19 60
5. SEX MALE	6. COLOR OR RACE 7. MARRIE		Oct 23	1938 9. AGE (In years lest birthday)	Months Doys Hours Min.
10e. USUAL OCCUPATION done during most of work	king life, even if retired)	SIND OF BUSINESS OR INDUSTRIBLE CHEM I CA	Y   11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	-	3000	14. MOTHER'S MAIDEN	NAME	
Cam;	Illus FA	RMER	"Unobtain	nehlall	
15. WAS DECEASED EVE	R IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO. 17. I		Address	
(Yes, no, or unkown) (If	yesgiva wer or detes of service)				
and the second s	EATH Enter only one cause per	line for (a), (b), and (c).]			INTERVAL BETWEEN
	MAS CAUSED BY	SHED SKULL			ONSET AND DEATH
21/	DUE TO PROF				I I I I I I I I I I I I I I I I I I I
Conditions, if any,		CIPLE EXTENSIVE	QUESTON DI	RNS	11
geve rise to immedie	ote cause	ewaye estructing to	Viet - LYank DV	MY 2	
(e), steting the un	darlying				
	SIGNIFICANT CONDITIONS COI	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(e) 19. WAS AUTOPSY
САТО					YES NO
	USE WAS NTRIBUTING   206. DESCRIPTION TO SECURITION OF SEC	ir-trailer load	ed With acid land.		ttom of Rt. 135
20c. TIME OF INJUR	RY Month, Dey, Year 2Dd.	INJURY OCCURRED 200. PLA			(County) (Stele)
5:05 30th.	8-2-60 19 While	e Not While Str		Bloomington	Garr., Md.
	at I took charge of the ren	nains described ebove, he	ld en Autopsy .	Inspection X, Inquir	y [], and in my opinion
death resulted fr	rom: Natural couses	Accident 30. Suici	ide , Homicide	Undetermined m	anner
V.	, –	9 - (/	CHIEF MEDICAL	EXAMINER [	
ACTUAL SIGNATURE	went H T	tenetice. Jr.	M.D. ASSISTANT MED	ICAL EXAMINER	DATE SIGNED
EXAMINER'S	MES H. FEASTER.	JR., M. D.	DEPUTY MEDICA		and, Md. 8-2-60
220, BURIAL, CREMATION	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF		22d, LOCATION (City, town	
REMOVAL (Specify)	Aug. 2, 1960			EAST BAN	K, W. Va.
23. FUNERAL DIRECTOR		ADDRESS	A A A	D BY REGISTRAR   246. REG	
6	Beral	Westernport	E, MO. DATABLE	4 '60 and	har S. Krous



		91	57	CERTI	FICAT	E OF I	DEATH	1		Reg. Di:		13	1
1. PLACE (	OF DEATH NTY	Garrett		MARY	LAND 2	CTATE	Penna		f lived If instituti b. COUNTY	-	ce before		onj
b. CITY RURA	OR TOWN (IF Oakla	outside corporate limi irest town}	ts, write	e. LENGTH OF STAY	IN 1b		TOWN (If or		rote limits, write R	RURAL ond	give neai	rest town	)
OR II	NSTITUTION	L (If not in hospital, g Nursing				d STREET	ADDRESS	4	7 10	**	e IS RESIDEN ON A FAR		
3. NAME ( DECEAS (Type or	ED	John	st	Middle (	Gill:	lvan	st	4 DATE OF DEATH	Mor 8	nth	28		eor o 60
5. SEX Ma.l		6. COLOR OR RACE White	7. MARR	IED NEVER MARRIE	- 81	DATE OF BIRT	188	6	9. AGE (In years lost birthdoy) 74 yrs	IF UNDER Months	1 YEAR Days	Hours	R 24 HRS Min
min	ing	N (Give kind of work in ng life, even if retired	done 10b.	KIND OF BUSINESS OF			Pola:	nd	ountry)		izen oi ink .		COUNTRY?
13. FATHER	unk					I4. MOTHER'S	unk						
Yes, na. or u		IN U. S. ARMED FOR	HAICO)	SOCIAL SECURITY NO 16-05-1690	O Cur	pett	Nurs:	ing F	Iome O	ress aklar	nd,	Mar	yland
Conc gove couse lying	ditions, if one rise to im (o), stoting the couse lost.	H WAS CAUSED 87 IMMEDIATE CAUSE 65 DUE TO (b) mediate under- (c)	112	le for (o), (b), logd (c) ]	ia						ONSI	RVAL BET	DEATH
OR CO	CCIDENT WAS	UNDERLYING CAUSE OF DEATH SEDICAL EXAMINER)		CHOU	21	Cha	th	N		VEN IN PAR	7 1(e) 19	PERFOI YES	RMED?
	ME OF INJURY lour a.m. p.m.	Month, Day, Yes	20d. IN While of work	Not while	20e. PLACE foctor	OF INJURY y, street, offic	(Home, form, e bldg., etc.)	20f (City	or town)	(0	County)		(Slote)
21. I alive ACTUA SIGNA PHYSK NAME  220. BURIA DUT'	certify that an LL TURE LY TURE LL CREMATION VAL (Specify)	8/30/60	., 126 Lmĵ MG		M C	195 covered at	AZDE	LA 226. LOCAT		and an II	D .	state  A  (State and	d above. TE SIGNED
Gera	la n. d	Minnich	Oak	land, Mar	rylar	nd	DATE	BY REGIST	50	iling I	Tiral	LE.	

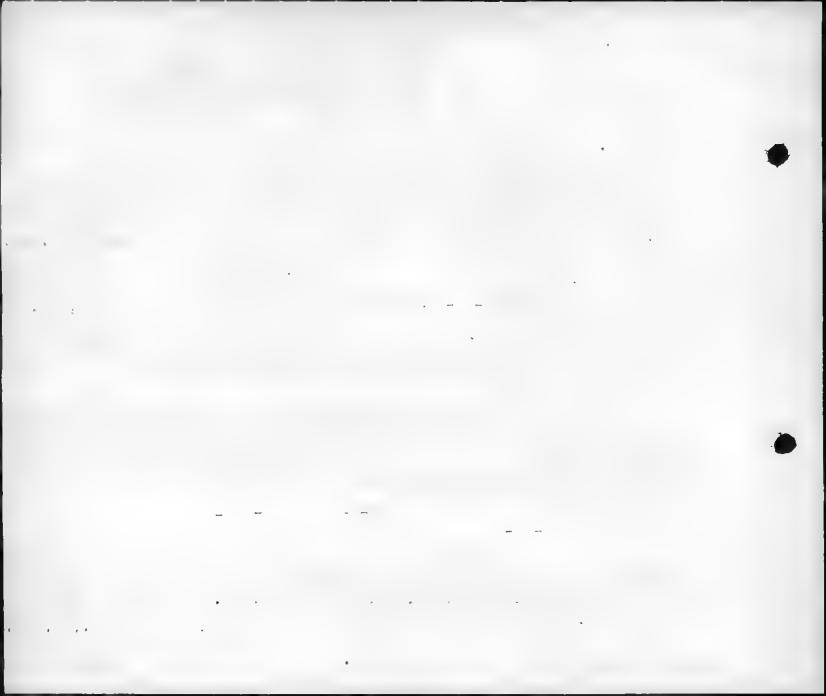
MARYLAND STATE DEPARTMENT OF HEALTH-RALTIMORE 18



VR A15 (4) 1SM 9/59 MARYLAND STATE DEPARTMENT OF HEALTH
9158 PIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

09132

	PLACE OF DEATH		MARYLANI	0.5	TATE		d fived If institut b. COUNTY		fore admis	sion)
	Garrett				Larylar			Garrett	J	
	b CITY OR TOWN (if outside co RURAL and give nearest fawn)		c LENGTH OF STAY IN 1	6 0.0	CITY OR TOWN (If	outside corp			earest law	n)
	Oakland		21 Days		Rural		0a	kland		
	d NAME OF HOSPITAL (If not in OR INSTITUTION	n hospitat, give street	address)	, d.	STREET ADDRESS				e IS RE	SIDENCE A FARM?
3	7	morial H	ospidal		Loute 7	2				NO 🗆
	3. NAME OF DECEASED	First	Middle	- 11	Last	4. DATE	Mar	nth.	Day	Year
	OECEASED (Type or print)	Dovey	Elwood		Gnesv	OF DEATH			1.3	19 60
			HED NEVER MARRIED	R DATE	OF BIRTH		9 AGE (In years	IF UNDER 1 YEA	AR IF UND	
		ite willow	7	1	- ( 60 -	1898	last birthday)	Months Doys		Min
	10a JSUAL OCCUPATION (Give x	nd of work done 10b	KIND OF BUSINESS OR IN	DUSTRY 11			country)	12. CITIZEN	OF WHAT	COUNTRY?
	during most of warking life, ev	en if retired)	_		777			S. ma ea a		U.S.A.
	3. FATHER'S NAME	7112	1 1 00 2 2 1	114 14	OTHER'S MAIDEN	NAME		1 Mae	rica	U = D = AL =
	S. TATIFEC S FIRME					1450ALF				
	Joel Gnegy				ennie 放		Mowery			
	TS WAS DECEASED EVER IN U.S.	or or dates of service)		INFORMA			Add	ress I ut (	9 ., 1	2
	no	213	3-18-2838 <u>  [</u>	Wife	tt Sac	die G	negy	Oakla	nd,	3
	18 CAUSE OF DEATH [Enter	anly one couse per hi	re fay (o), (b), and (c)					41	TERVAL B	ETWEEN
	PART I. DEATH WAS C		110011110					OI	NSET AND	DEATH
	11 44 2 V	DUE TO	C COLLINEY	<u>'</u>				- 7		and I
	7761	DUE TO	19 1011	. /	110	6.	, Veni	- 10	7 00	21 1
	Conditions, if any, which gave rise to immediate	(b) (b)	100000	at.	Vase	engen	golde	10 200	-5-	1012
	couse (a), stating the <u>under-</u>	DUE TO	1	-/-				/	) /	
	lying cause lost.	) (c) (	1 HOLLOS	(11)	Krol-	- Chillian			_	
	PARY II. OTHER SIGNIF	ICANT CONDITIONS (	CONTRIBUTING TO DEATH I	BUT NOT RE	LATED TO THE TERM	AINAL DISEA	SE CONDITION GI	VEN IN PART 1(a)	19. WAS	AUTOPSY ORMED?
	CAI								YES 🔀	NO 🗆
	PART II. OTHER SIGNIF  200 ACC DENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E	TING DES	CRIBE HOW INJURY OCCUI	RRED. (Enter	nature of injury in	Part Lar Pa	rt II of item 18)			
		EXAMINER)								
	20c. TIME OF INJURY Month, Hour o m. p. m.	Doy, Year 20d, II	NJURY OCCURRED 20e	PLACE OF	INJURY (Home, farr	m, 20f (Cil	y or town)	(Count	у)	(Stote)
	Hour o m.	While	Not while	foctory, str	eet, office bldg , et	c.)				
		ly of wor		12=1	-54		0 17 60			
	21. I certify that (i) (this	s haspital)_attend				2. 7	8-13-60			1 '
	saw the deceased ative	on 8-13-60	219, , and tha	it death c	ccurred all 2	: Q Orrom	The Eauses ar	nd on the do	te state	d above.
	22a SIGNATURE		- /1			/_			2	26 DATE
	find	1111)	1 Marrie	M.D PI	TENDING D	AED DIRECTOR	STAFF		14/4	15 /10
	27c. PHYSICIAN'S		1 morning	22	d. ADDRESS					0
	NAME (Type)	Out F	anco I I		Oaklar	nd	A			
	230 BURIAL CREMATION 236 D	ATE THEREOF	23c NAME OF CEMETER	Y OP CREM			ATION (City, lown	or county)	(Sto	tel.
	Bur ia 1 8/1	6/1960		eter:				1	0 . ,	W. Va.
	24 FUNERAL DUECTOR'S SIGNATE	IRE /	ADDRESS		25a REC	D BY REG S	TRAR 256 REG	ISTRAR'S S GNAT	TURE	
	MC Lecation	lone	Oakland	. Md.		AUG 1 8		arthur & 1	Tana	
-4			4.4.27.4.27.4	7 211.00	67.1					



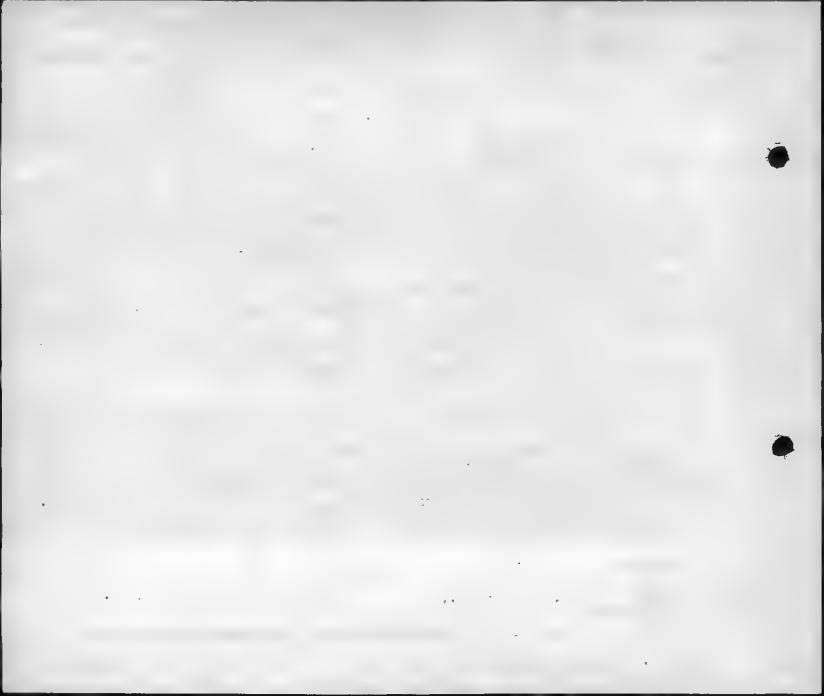
#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item le, him Y CERTIFICATE OF DEATH I director. PLACE OF DEATH COUNTY o STATE W. Va. Garrett MARYLAND ofter death. funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town? should Oa':land Aurora d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS Evens Mursing Home NAME OF First Middle Lost 4. DATE DECEASED OF DEATH (Type or print) Lucy Ellen Haas 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B DATE OF BIRTH WIDOWED DIVORCED | 1882 White Female during most of working life, even if retired) House Wife W.Va. remove corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Alvin A. McCrum 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse last. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 6 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Day, Year foctory, street, office bldg., etc.) Hour o. m While Not while of work of work 19,59, 10 lleg 21. I certify that I attended the deceased from Click and that death occurred at ACTUAL PHYSICIAN'S NAME (Type) Smith

Reg. Dist. No 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY Preston c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NOT Month Day Yenr Aug. 1960 19 9. AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS Months Davs Hours 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA Margret Shuttleworth Address Mrs. Girtrude Hardestv Aurora. INTERVAL BETWEEN ONSET AND DEATH PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Fort I or Fort II of item 18.) 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 19 (a) hat I last saw the deceased M. from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED 220 BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) REMOVAL (Specify)
Burial Aug. Aurora W.Va. 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR Ortlan & Human Davis. W. Va.

<u>۳</u> Hoge О

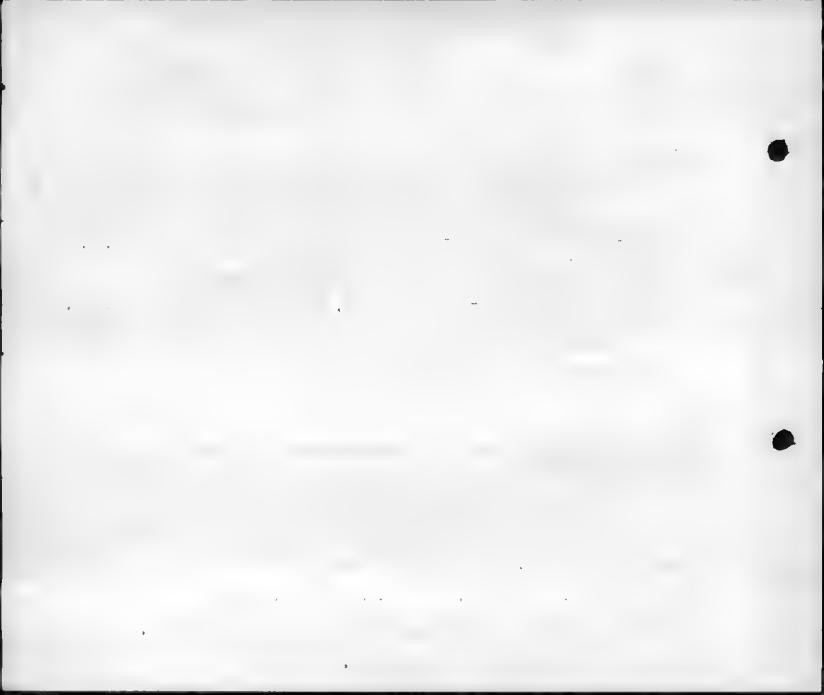


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) BEALTH DEPT. 1. PLACE OF DEATH director, Page or your files. sard of Health, necessary, ector, Page COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN of ouls de corporale lim is, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If pulside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? 3. NAME OF Middla 4. DATE DECEASED OF (Type or print) DEATH IN 6 COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 19. AGE (In years (IF UNDER ) YEAR ( IF UNDER 24 HRS. last birthday) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? 8. Give Pages 1, 2 form PM3. Page done during most of working life, even if retired) Keyser 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT Address and are resultanted Office along with for burial-transit permit. (Yas, no, or unkown) | (If yas give weror dates of service) TROCAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-SUITULAL ATTOLEMACE, LASSIVE: LEFT IMMEDIATE CAUSE (a)\_ DUE TO CONTUSIONS OF LAAIN. LEFT Conditions, if any, which gave rise to immediate cause DUE TO (a), staling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 9. WAS AUTOPSY PERFORMED? NO [ ZOB. EXTERNAL CAUSE WAS PRIMARY EX-OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) ate the cerumony, the Chief Medial of Constant of Strong S lease execute the certificate, writing the CAUSE OF DEATH. Autor shile apple ut at men's 219 and moute 50 Month, Day, Year | 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or lown) (County) 12 to Con 2-131960 While al work al work factory, street, office bldg., etc.) p'dand mal 21. I certify that I took charge of the remains described above, held an Autopsy 3. Inspection 1. Inquiry [V] and in my opinion death resulted from: Natural causes . Accident X Suicide Homicide I. Undetermined manner CHIEF MEDICAL EXAMINER FUNERAL DI ASSISTANT MEDICAL EXAMINER DATE BIGNED DEPUTY DEPUTY MEDICAL EXAMINER IN NAME (Type) Tomes The Thereof 22c. NAME OF CEMETERY OR CREMATORY Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF T 22d. TOCATION (Cliv. Jown, or country) REMOVAL (Specify) August 26, 1960 Rose Hill Cemetery Cumberland VS. A15ME DATE AUG 2 9 '60 John J. Hafer. Cumberland. Maryland arthur S. Kines 5M 7/59



ofter death.

certificate be

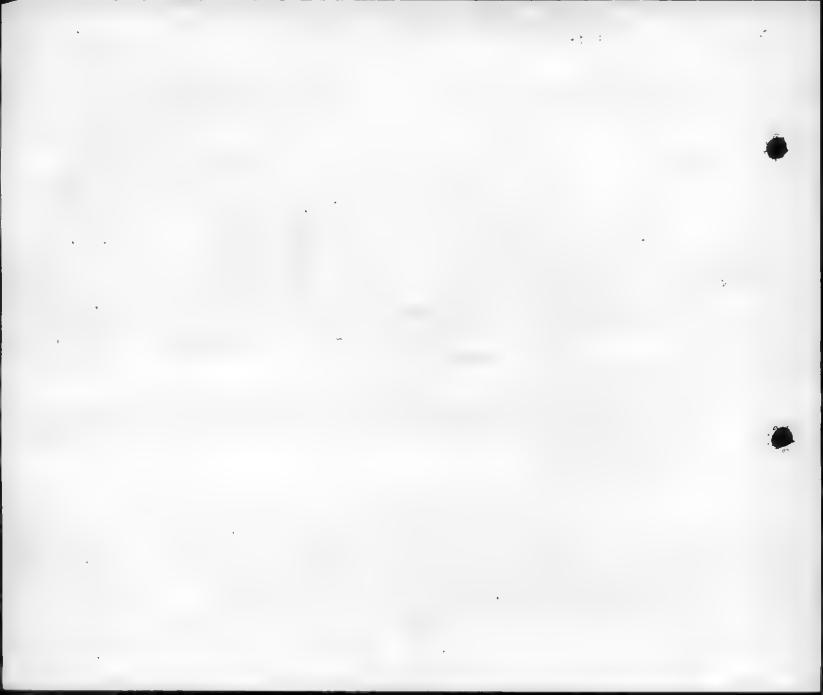


VR A1S (4) 15M 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH 916 2 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09136

1. PLACE OF DEATH 0. COUNTY	MARYLAND	2. USUAL RESIDENCE (When	b. COUNTY	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	ic. CITY OR TOWN (If out	side corporote limits, write RU	RAL and give nearest town)
CAKLAND	5 YOURS	KITZNILI	ER	
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
HARDETT COUNTY MEMORIA	AL HCSPITAL	1		YES NO
3. NAME OF First  [Type or print] TALTE?	Middle MASHINGTON	Lost CELLER	4. DATE Month OF DEATH AUGUS'	/-
S. SEX 6. COLOR OR RACE 7. MARI		B DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS
FAIR WHITE WIDOW	ED DIVORCED	211 16. 2001	lost birthdoy)	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if refired)	CCAL MINING	TEST VI	RGINTA	T.C.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	, , , , , , , , , , , , , , , , , , , ,
RICHARD KELLER		PERROCA	STEMPLE	
IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17. IN	FORMANT	Addre	ess .
[Yes, no, or unknown] [If yes, give war or dates of service)	16-10-1366	SS. MALTER KON	ודיילידדא רבבו	ודי כ ז
18. CAUSE OF DEATH [Enter only one couse per li	ine for (o), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Ceretral hemorr	nage- due to h	ypertension	ó hrs.
DUE TO	······································			
Conditions, it ony, which	nypertension			
gave rise to immediate DUE TO				
lying cause lost. (c)				
PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVE	N IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED	(Enter nature of injury in Pa	ort I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. I Hour o.m. While of woi	Not while foo	ACE OF INJURY (Home, farm, tory, street, office bldg, etc.)	20f. (City or town)	(County) (State)
21 1 certify that (1) (this haspital) attend	ded the deceased from	. 19	, ta	, 19, that (I) (we) last
saw the deceased give an		200		I an the date stated above.
220. SIGNATURE	7 - 17 Ono mai d	edili decorred di		22b DAJE
Mandrew 2/16	101110	MED PHYS. DIR	STAFF ECTOR PHYS	21/11/COC
22c. PHYSICIAN'S	Wille	22d ADDRESS		strong to
NAME (Type)  DR. ANDRIN E.	MANCE	CAIJ	LAND, MD.	
23a, BURIAL, CREMATION: 23b DATE THEREOF	23c NAME OF CEMETERY O		23d LOCATION (City, town, or	r county) (State)
REMOVAL (Specify)	TOOF		Elt Rada	WW
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25g, RFC'D	BY REGISTRAR 256, REGIS	TRAR'S SIGNATURE
Robert X. LO. #	2 to 5	1. 2.6	G 2 6 '60 C	in & Fine



			917	6	CER	TIFIC	ATE OF I	DEATH	ł		Re	() ( eg. Dist. )	137	7
		LACE OF DEATH	Garrett		MA	RYLAND	TATE	Maryl		d lived. If institu		Garr		ision)
	Ь	RURAL, pnd give r	(If outside corporate lim recrest town) Oakland	ils, write	c. LENGTH OF ST.	AY IN 16	1 100	TOWN (IF or		prote limits, write kland	RURAI	L and give	nearest law	rn)
	-	d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, (	jive street (	oddress)		d. STREET	ADDRESS					e. IS RESIDENCE ON A FARM? YES NO 📆	
	3	NAME OF DECEASED Type or print) (	Carl		ctin K		iller	ı†	4. DATE OF DEATH		onth B <b>t</b>	2	Doy 2	Year 19 60
		Cemale	6. COLOR OR RACE White	WIDOWE	D DIVOR	CED 🗍		.1911		9. AGE (In year last birthday)	Mo	INDER 1 YE		Min
1		Carpente	ON (Give kind of work rking life, even if retired 3 T	)	KIND OF BUSINESS		Oa]	kland	, Ma	ryland		US		T COUNTRY?
X			E. KITZMI					ily L						
	(Ves	no or unknown)	(If yes, give war or dates of	21	SOCIAL SECURITY I	10 Ed	ne Har	desty	, Pe		rg,	Fla	•	
			ATH [Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	7	ARUA	1	د						NSET AND	
		Conditions, if a	immediate (	, ( /	7rcino	ma	c +-	5	pw	c C			5 4	2
	z	couse (o), stoting lying couse lost.	the under-	, 7	77214			THE TERM					- Inn	
	CERTIFICATION	· · · · · · · · · · · · · · · · · · ·	HER SIGNIFICANT CON		TRIBE HOW INJURY						PIAEMI	N PARE 1(0	PERF	DRMED?
		OR CONTRIBUTING	G CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Day, Ye											
	MEDICAL	Hour o m, p, m.		While ot worl	Not while of work	fo	ACE OF INJURY ( ctory, street, offic	e bidg., etc.)	)			(Coun		(State)
	- 1	21. I certify to	hat I attended the	decease , 19	ed from <u>J</u>		accurred at	511	_M, frai		and	on the o	saw the late stat	ed abave
		ACTUAL SIGNATURE	un il	<i>).</i>	in the second	X.	м.d5 <u></u>		ADDRESS (S	CAK			. ,	ATE SIGNED
		PHYSICIAN'S NAME (Type)	SAMES		1 Fins		4.2 BL					* * * ** ***		
20		REMOVAL (Specify	18/24/6		Oakland				Oakl			Mary	land	
1	23. 9	SE WALL	7. Minn	ch	ADDRESS Oakland,	Mar	yland	DATE	G 26	60		R'S SIGNA		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09138

		CERTITICA	CIL OI D	CALLI					
1.	PLACE OF DEATH  COUNTY			DENCE (W)	ere deceased a	ved If institutio	n Residence b	refore odmi	ission)
	GARRETT	MARYLAND	o STATE	IARYLA	ND	6 COUNTY	GARRE!	PT	
	b. CITY OR TOWN (fouts de corporate limits, write RURAL and give neorest lown)	c LENGTH OF STAY IN 16		,	•	e limits, write RU	-	nearest to	wn)
L	OAKLAND	1 Day	I'M MI	. LAK	E PARK,	MARYLA	ND		
	d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	·	d. STREET A	DDRESS				ON	A FARM?
-	GARRETT CO. MEMO	·	3		1				
3,	NAME OF First DECEASED (Type or print) JAMES	Middle HENRY	Los KTTZMTLLE		4. DATE OF DEATH	AUGUST	h 	Day	1960
5	SEX 6. COLOR OR RACE 7 MARK	HED X NEVER MARRIED	B. DATE OF BIRTI		9	AGE (In years	IF UNDER 1 Y	_	
	MALE WHITE WIDOW	DIVORCED	JULY 27	, 188	31	lost birthdoy)	Months Dg	ys Hour	s Min
100	USUAL OCCUPATION (Give kind of work done 10b during most of warking life, even if retired)	KIND OF BUSINESS OR INDU	JSTRY 31. BIRTHPL	ACE (State	or foreign coun	try)	12 CIT ZEN	OF WHAT	COUNTRY
	FARMER Retired Ow	n FARM	MAR	YLAND	)		U.	S. A.	
13.	FATHER'S NAME		14. MOTHER'S	MAIDEN N	AME		_		
	WILLIAM KITZMILLER		AIR	ANN	BACHTEI	a .			
15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 s. no. or unknown) [If yes, give war or dates of service)		NFORMANT			Addre	955		
_	no 21	2-24-0631 (A	DA KITZMI	LLER	) WIFE	MT.	LAKE P.	ARK,	MD.
	18 CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c).]						NTERVAL 1	
	PART I DEATH WAS CAUSED BY:	arct of be	ain- ate	in					long
	B DUE TO		A-0-	0		0		- 1	1
	Conditions, if any, which	ule carena	y Miles	ntos	is 1 -	Kypote	raion	20	ays
	gove rise to immediate DUE TO	-t 0.	tie R	2 +				tal	صيب
1,	lying couse lost (c)								0
CERT-FICATION	PART II OTHER'S GNIFICANT CONDITIONS (	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERM	inal disease C	ONDITION GIVE	EN IN PART 1(	PERF	S ALTOPSY FORMED? NO [
_	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED (Enter nature o	fin usy in I	Port   or Port	of item 18 )			
WEDICAL	20c, T ME OF INJURY Month, Day, Year 20d II Hour e. m. While	Not white	LACE OF INJURY ( octory, street, office	Hame, form	20f (City or	town)	(Cour	nty)	(State
₩.	p m. 19 at wor					,			
	21 I certify that (I) (this haspital) attend	led the deceased fram.	8/3	12	60, to	8/4	19 60	that (1)	(we) last
	saw the deceased alive anP4	1960, and that	death accurred	d at 71.	15, Aorth th	e causes and	d on the d	ate state	d abave.
	220 SIGNATURE	. 01	ATTENDING	G 14	ED	STAFF		-13	226 DATE
	wehard of L	eighton	M.D PHYS.	DI	RECTOR -	PHYS.		8/05	160
	22c PHYS CIAN'S NAME (Type)	(1	22d ADDRI					' /	
	DR. RICHARD LEI	GHTON M. D.	OA	KLAND_	MARYL				
230	BURIAL CREMATION, 236. DATE THEREOF	23c NAME OF CEMETERY		A.		N (City, town, o	dia.	24.2	tafe)
L	BUY181 8/6/1960	Pleasant V	arrea (			arrett		Md.	
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	16.2	25a. REC'	D BY REGISTRA		TRAR'S SIGNA		
. /	Deigtelow	Oakland,	Md.	DATE AL	W O				

may be retained by the hospital ar attend ysician.

TO FUNERAL DIRECTOR: After this certificat been signed by the ottending physician and completely filled y the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs ofter death. urs after Heath. Hamm 4 law require that the death contificate be executed within 20 his TO HOSPITAL OR ATTENDING PHYSICIAN

1 /

VR A15 (4) 15M 9/59



VR A15 (4) 15M 9759

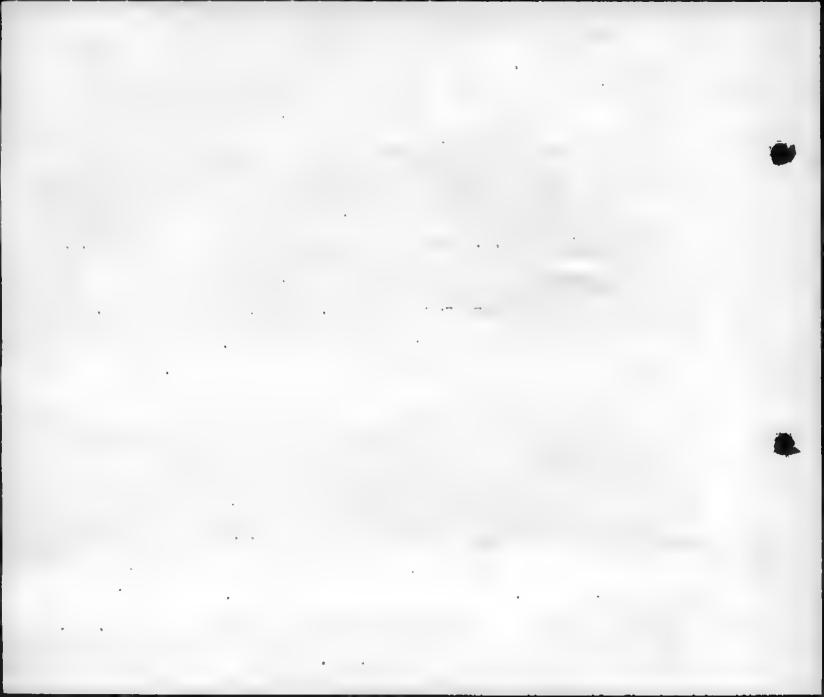
## 9164 DIVISION O

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

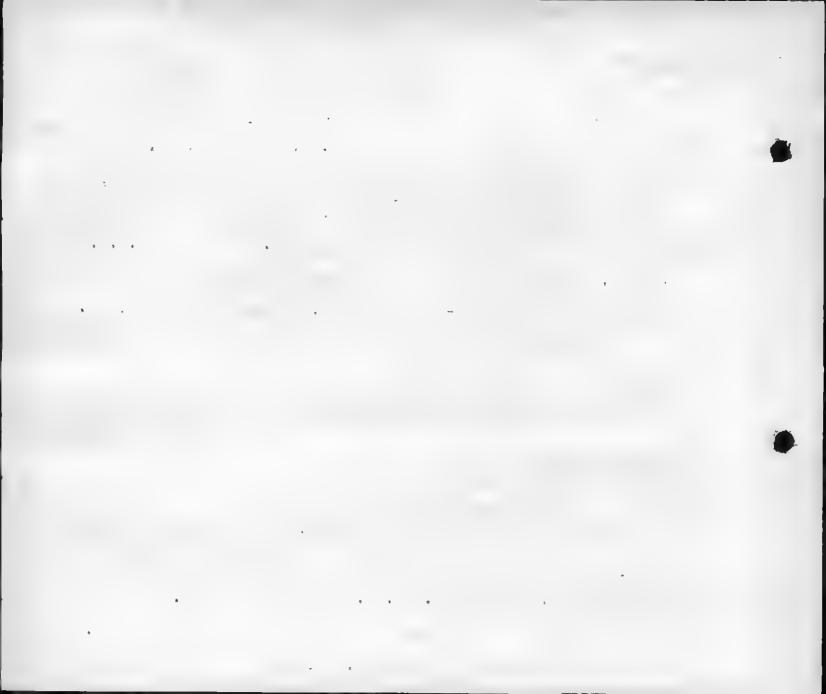
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		LACE OF DEATH		2. USUAL RESIDENCE (W			ce before admission)			
		GARRETT	MARYLAND	MARYI	AND	COUNTY	RETT			
	ŧ	OCITY OR TOWN (foutside corporate limits, RURAL and give nearest tawn) OAKTAND	we'te c. LENGTH OF STAY IN 16	C, CITY OR TOWN (IF	outside carporate limits LAKE PARK.		give nearest town)			
	(	NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	e street address)	d. STREET ADDRESS	- A - A - A - A - A - A - A - A - A - A		e. IS RESIDENCE ON A FARM?			
1		GARRETT COUNTY MEMORI	IAL HOSPITAL	l ry			YES NO			
	3 N	NAME OF First	Androwiddle	Lost	4. DATE	Month	Day Year			
		Type or print)  JACOB	ANDURX	LANDIS	OF DEATH AUG	UST	5 1960			
	5, 5	EX 6 COLOR OR RACE 7	MARRIED NEVER MARRIED	B. DATE OF BIRTH		. /	1 YEAR IF UNDER 24 HRS			
		MALE WHITE W	WIDOWED DIVORCED	JULY 1. 1881	. 79	rthdoy) Months yrs	Days Hours Min			
	100	TUSUAL OCCUPATION (Give kind of work don- doning most of working life, even if retired)	ne 106 KIND OF BUSINESS OR INDU	STRY IT. BIRTHPLACE (Stote	or foreign country)	17. CITI	ZEN OF WHAT COUNTRY?			
	3	Forest Service	U.S. National		RGINIA		U.S.A.			
М	13	FATHER'S NAME	*	14. MOTHER'S MAIDEN	NAME					
Л		LANDIS. GEORGE W		KIMBLE.	HANNAH					
		WAS DECEASED EVER IN U. S. ARMED FORCE		NFORMANT		Address				
		no	ORO OR REGO	RTHA D. STMMO	NS MT LA	KE PARK	MD.			
		18. CAUSE OF DEATH [Enter only one cause	ie per line for Jo), (b), and (c)	01 1-	+ 10	/ . /	INTERVAL BETWEEN			
		PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Structured 5 Daip								
		DUE TO O -/ -/- A T T A AT A								
		Conditions, it only, which) the H. 11 Courtes active to reply red preferences Defelevilles I Deligh								
		gove rise to immediate couse (a), stating the under-								
		lying couse lost	elferis Schoon	el,			8900			
	Ő.	Part II. OTHER SIGNIFICANT CONDIT	ITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	HNAL DISEASE COND T	TION GIVEN IN PAR	T 1(a) 19 WAS ALTOPSY PERFORMED?			
	CAT						YES NO			
	CERTIFICATION	20g ACC DENT WAS UNDERLYING 20 OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in	Port 1 or Port II of iter	n 1B)				
	MEDICAL	20c TIME OF INJURY Month, Day, Year	4-	ACE OF INJURY (Hame, fare ctory, street, office bldg., et		(0	Caunty) (State)			
	MED	Hour o. m. 19	While Not while at work	civity, arrest, office blogs, et						
		21 I certify that (I) (this haspital) a	attended the deseased from	8 + el- 15	55 to 5 au	La 196	that (I) (we) last			
		saw the deceased alive on 5		death accurred a 2:0						
,		22a SIGNATURE								
		fluction ?	Marice_		AED STAFF PHYS		8/4760			
		22c PHYSICIAN'S NAME (Type)DR. ANDREW E.		22d. ADDRESS						
		DR. ANDREW E.	• MANCE	OAKLAN	D, MD.					
	23a	BUR AL, CREMATION, 236 DATE THEREOF			23d. LOCATION (Cir.	, .	(State)			
		Burial 8/7/1960	O Mayesville	Cometery	Grant	County,	W. Va.			
	24	FUNERAL DIRECTOR S'S GNATURE	ADDRESS	250 REC	TO BY REGISTRAR 2	Sh REGISTRAR'S SIC				
	1	16 Jacquer	Oaklan Oaklan	d, Md. DATE AL	70 00	1 1/4/ W// A	- LOUIS			



7 := (0	1		916	(i) CERTI	FICA	TE OF DEAT	Н	Reg. Dis	.0.9140
8 5 to	11)	1, 1	LACE OF DEATH			Z USUAL RESIDENCE (W	here deceased lived	. If institution: Residence	e before admission)
dire dire		ľ	Garrett	MARYI	LAND	° Marylan	d	b. couliarret	t
of fi			. CITY OR TOWN (If outside corporate limits,	write c LENGTH OF STAY I	MARYLAND  2 USUAL RESIDENCE (Where deceased lived. If institution of STAY IN 1b of STAY IN 1b of STREET ADDRESS  2 Mi S. Deer Park,  d. STREET ADDRESS  2 Mi S. Deer Park,  Maryland  Aden Landis Death Auguster Maryland  ER MARRIED B DATE OF BIRTH  DIVORCED May 27, 1889  11 BIRTHPLACE (Stole or foreign country)  Maryland  14 Mother's Maiden Name  Mary Ann Shirk  URITY NO. 17. INFORMANT  Harold R. Landis Deer  Address Condition G  INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.)  IRRED  20e. PLACE OF INJURY (Home, form, 1201. [City or town) factory, street, office bldg. etc.]  19 to 2 4 4 4 1944	The state of the s			
er de ould t			Oak Land.	3 months		Rural De	er Park	. 2.	
offer shou	· •		NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	re street address)	C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  3 months  Rural Deer Park,  d. STREET ADDRESS  2 M1. S. Deer Park, Md.  Middle  Last  Haden Landis  Dear Park, Month  Dear Park,				
£ 1000	1	0	ak Rest Nursing H	one		2 Mi. S.	Deer Pa:	rk. Md.	
hau Gn			AME OF First	Middle		Lost	4. DATE	Month	Day Year
illed illed			PECEASED Type or print) Nora	Haden		Landis	DEATH	August :	26, 1960
itili ya Maria		5. 5	EX 6. COLOR OR RACE 2	7 MARRIED NEVER MARRIE	DI	DATE OF BIRTH	9. AC		
\$ 100 m			T. OHIO TO				9   7	1 yrs.	Days Hours M n
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o po o o o			ouse Work	Own Home		Marylan	d.	U.:	S.A.
be arbo		13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
Se co			John W. Landis			Mary A	nn Shir	k	
Physical Phy			WAS DECEASED EVER IN U. S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO.	17. IN	IFORMANT		Address	
ing 72			no		Ha	rold R. La	ndis :	Deer Park	Md.
end end lecs ithin			18. CAUSE OF DEATH [Enter only one cour	se per line for (o), (b), and (c).]					INTERVAL BETWEEN
w the d			PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)_	UNEUR					
4 4 4			DUE TO	_			,		
s the			Conditions, if ony, which ) (6)	DATERION.	c/=~	atic C	rad. J		
oire gnec pera in a			gove rise to immediate DUE TO	Rand	-	)			Y =
sit is			lying cause lost (c)	1-2000		715=25			1
Sici See of, o		Ö	PART II. OTHER SIGNIFICANT CONDI	ITIONS CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	IDITION GIVEN IN PART	
P P P P P P P P P P P P P P P P P P P		CERTIFICATION							
Sing Sing Tree Tree Tree Tree Tree Tree Tree Tre		RTIF	OR CONTRIBUTING TO CAUSE OF DEATH I	Ob. DESCRIBE HOW INJURY OF	CURRED	(Enter nature of injury in	Part I or Part II of	item 18.)	
If the			(IF EITHER, NOTIFY MEDICAL EXAMINER)						
YSIC r at cert cert e as		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour e.m.		20e. PLA fact	CE OF INJURY (Home, form	, 20f. (City or to	wn) (C	ounty) (Stole)
PH defended in the service of the se	,	ME	p. m. 19	of work of work					
NG for the form			21. I certify that I attended the a	deceased from 19	4-9	, 19, to	8.24	19.44that I k	ast saw the deceased
A A Series			alive an & 24	, 1960 and that	death	accurred at 1:05	PM, from the		
# Set of	1		,		/		MUUNESS (Street, C	ity or lown, state)	
i be was			SIGNATURE GALL	Tenter 1	N.	1.D. 5 8 2- 3	J CANL	Lored, with	5.78.65
o in a paragraph of a			PHYSICIAN'S /			_			
RAI Sha sha sha sha sha sha			NAME (Type) James H. F	es H. Feaster Jr., M. D. Oakland, Md.	Md.				
ONE UNE ge 3			BURIAL CREMATION, 226 DATE THEREOF					City, fown, or county)	(Stote)
Dag Fig.			urial / 18/29/196		nete	ry	near L	och Lynn,	Md.
VS A15 (4)		23.	DINERAL DIRECTOR'S SIGNATURE	ADDRESS		1	D BY REGISTRAR	246 REGISTRAR'S SIG	NATURE
15M 10/57		Ŀ	. Lectulo	Oaklar	ıd,	Md. DATE S	EP 1 '60	Circling S.	Kina
		Ŀ	· I de soulo	ZZ URKTAY	10.,	IVICL DATE S	EP 1 '60	Circles S.	Thus

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



		MARYLAND S	TATE DEPARTM	ENT OF HEALTH	1-BALTIMO	RE, 18	
	L	9177	CERTIFICA	ATE OF DEATH	1	Reg. Dist.	19141
M)	2	PLACE OF DEATH O. COUNT Garrett	MARYLAND	2 USUAL RESIDENCE (WI		institution: Residence I	1 4
	R	RURAL and give nearest lown!	3 Wecks	Rural-		write RURAL and give	
1		d. NAME OF HOSPITAL (If not in hospital, give street odd OR INSTITUTION	(ress)	d STREET ADDRESS	1		e. IS RESIDENCE ON A FARM? YES A NO
		NAME OF DECEASED (Type or print) Noah	Middle	Lee	4. DATE OF DEATH	Month 8	22 1960
		Male Married Married	DIVORCED 🗆	Sept20, 18	18 8	In years IF UNDER 1 Y rthdoyj Months Da	EAR IF UNDER 24 HI ys Hours Min
	1	USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working-life, even if retired)  etired Farmer	ND OF BUSINESS OR INDU	Arthur	Ellino	1	S.A.
		John T Lee				oder	·
		WAS DECEASED EVER IN U. S. ARMED FORCES?  10. no opyninosum)  101 yes, give wer or dates of service)	None 17. 1	NFORMANT		Address	
		IB. CAUSE OF DEATH [Enter only one couse per line f PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	or (o), (b), and (c).]	myote.	teel h	celier	INTERVAL BETWEEN
5		Conditions, if any, which gove rise to immediate DUE TO	artirio	selentin	- spient	Reques	10071
	NO	couse (o), stating the under- lying couse lost.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CON	TREBUTING TO DEATH BUT	NOT DELATED TO THE TERM	INAL DISEASE CONDIT	IONE CIVEN: IN BABT 1/	o) 19 WAS AUTOP
_	3						PERFORMED?
10		OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		D. (Enter nature of injury in		16)	
	MEDICAL	Hour e. m. While	IRY OCCURRED 20e PL Not while fo	ACE OF INJURY [Home, forn ctory, street, effice bldg., etc	n, i 20f. (City or town)	(Cou	nty) (Sto
		21. I certify that I attended the deceased alive on 21, 1966	1	C., 19 60, to Ca	AL SA		
1		ACTUAL SIGNATURE CE POLICE	Itroxa;	M.D. Stars	ADDRESS (Street, city	or lown, state)	DATE SIG
		PHYSICIAN'S NAME (Type)					
	220	BURIAL, CREMATION, 226 DATE THEREOF 2  REMOVAL (Specify) 8-25-60	Nivertor	11	22d LOCATION (CIN	bury A	Po (Stote) &
	23.	FUNERAL DIRECTOR'S RIGHATURE	ADDRESS NO LL	Α	UG 3 0 '60	ib. REGISTRAR'S SIGNA	
				Pa.			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09143

e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO W

(State)

DATE SIGNED

(Stote)

28.

Days

U.S.A.

(County)

ON A FARM?

YES NO F

Year

19 60

within 24 hours 15M 10/57



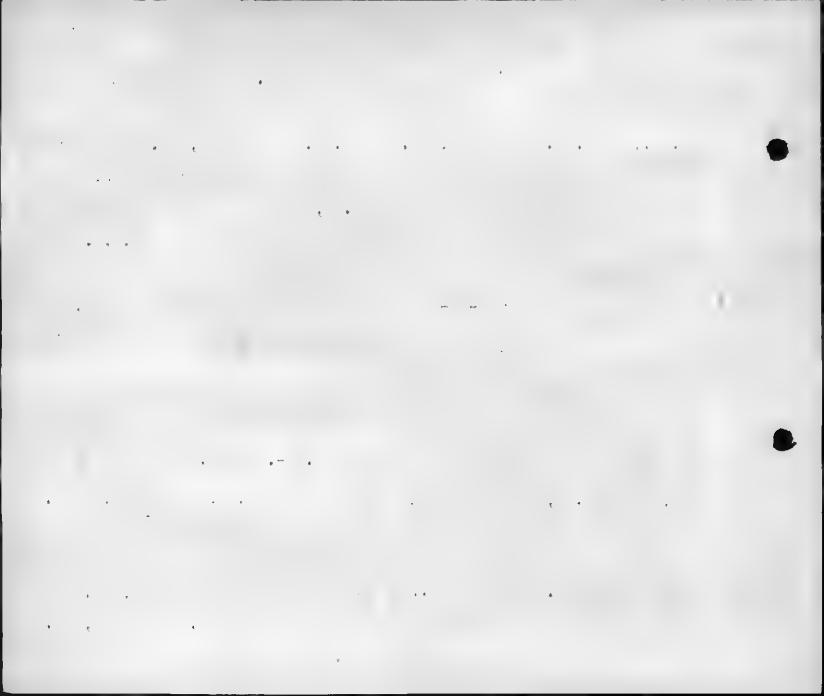
death certificate

that the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH

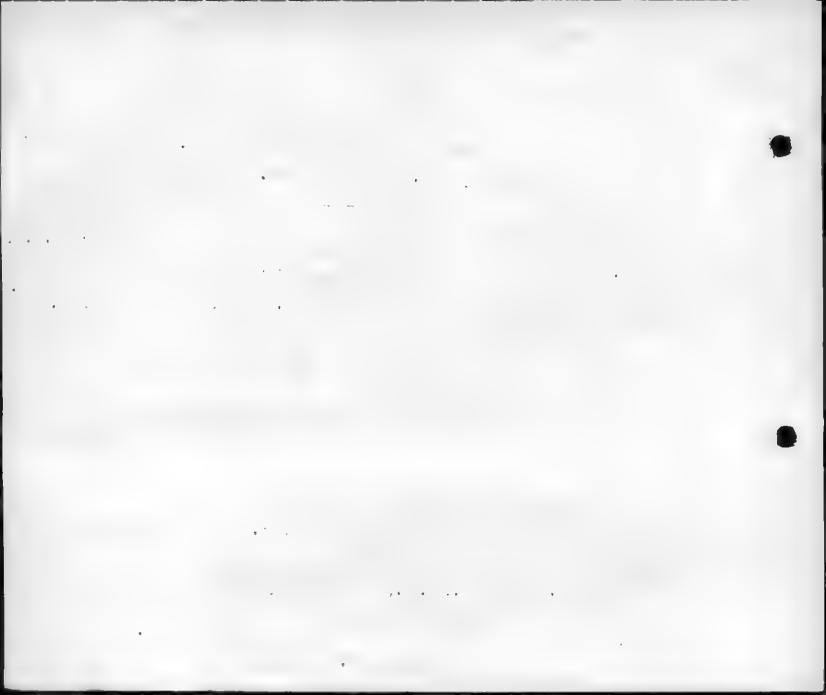


Jow requires that the death certificate be executed within 24 haves ofter death. Page, 4

TO HOSPITAL OR ATTENDING PHYSICIAN: IN

VR A15 (4) 15M 9/59

-		4=11111101								
	1. PLACE OF DEATH o. COUNTY	ALABYI AND	o. STATE	here deceased lived. If institut a	n Residence before admission)					
ı	Garrett	MARYLAND	o. STATE Maryland b. COUNTY Garrett							
	<ul> <li>b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)</li> </ul>	c. LENGTH OF STAY IN 16	Case	outside corporate limits, write RE	JRAL and give nearest town)					
	<u> </u>	28 Days	Oaklar	nd						
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUT ON	oddress)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?					
	Garrett County Memorial Ho	ospital	52 Per	nnington St.	YES NO					
1	3 NAME OF First	Middle	Lost	4. DATE Most	/					
1	(Type or print) Arthur	E	Naylor Sr	DEATH August	11 1960					
ı	5 SEX 6. COLOR OR RACE 7 MARI	RIED 🖺 NEVER MARRIED 📋	B. DATE OF BIRTH	9 AGE ( n years lost birthday)	1F UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min					
ı	Male White WIDOW	ED DIVORCED	2-25-1890	70 yrs	Months Doys Hours Min					
1	100 USUA. OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDU		or foreign country)	12 CITIZEN OF WHAT COUNTRY					
	10a USUA. OCCUPAT ON (Give kind of work done 10b during most of working life, even if refired) Ret.  Merchant	ail Hardware	Mar	yland	America U.S.					
٧	13 FATHER'S NAME		14 MOTHER'S MAIDEN I	NAME						
	Alonzo D. Naylor		Artie Ba	rtlett						
1	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no. or arrivant) Iff yes, give war ar dates of service)	SOCIAL SECURITY NO 17 II	NFORMANT	Addr	52 Pennington S					
	(Yes, no, or unknown) It's yes, give war or dates of service)	Oakland, Md.								
	18. CAUSE OF DEATH (Enter only one couse pag li	ne for (o), (b), and (c).]		^	INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY: CREBERAL VASCULAR ACCIDENT SETAND									
	DUE TO /	7	1							
	Conditions, if only, which ) (b) / U/20 NAA-, J. BADS 1.3									
	gove rise to immediate OUE TO									
	couse (a), stating the under.    lying cause last.   (c)									
		CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	EN IN PART 1(0) 19 WAS AUTOPSY					
	PART II OTHER SIGNIFICANT CONDITIONS	PLISEONP			PERFORMED?  YES ☐ NO 😿					
	20g ACCIDENT WAS UNDERLYING   20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH									
	T (IF EITHER, NOTIFY MEDICAL EXAMINER)									
	3 20c T ME OF INLURY Month, Doy, Year 20d I	NJURY OCCURRED 200 PI	LACE OF INJURY (Home, form	n, 20f (City or town)	(County) (State					
	20c T ME OF INLURY Month, Doy, Year 20d I Hour o.m. 19 While of war	INDI WILLIA	octory, street, office bldg., etc							
	21 I certify that (I) (this hespital) attended the deceased fram									
	220 SIGNATURE	E / Orld filed	dedin occurred by a.L.	DW, Hall the couses and	72b DATE					
	- lame 1-1.	le Le /	M D PHYS	FECTOR PHYS	STISHED					
	22c PHYSICIAN'S		22d ADDRESS		7/1-/6/					
	MAME (Type) James H. Feaste	r Jr., M. D.,	Oakland	, Maryland						
	23a BUR AL, CREMATION 23b DATE THEREOF	23c NAME OF CEMETERY C	OR CREMATORY	23d LOCATION (City, town, o	or county) (State)					
	Burial B/13/1960		neterv	0-1-7- 2 3	/d.					
-	24 AUNERAL DIRECTOR'S SIGNATURE	ADDRESS			TRAR'S SIGNATURE					
	He Leighton	Oakland.			other S. Kines					
-11			ALLIA W							



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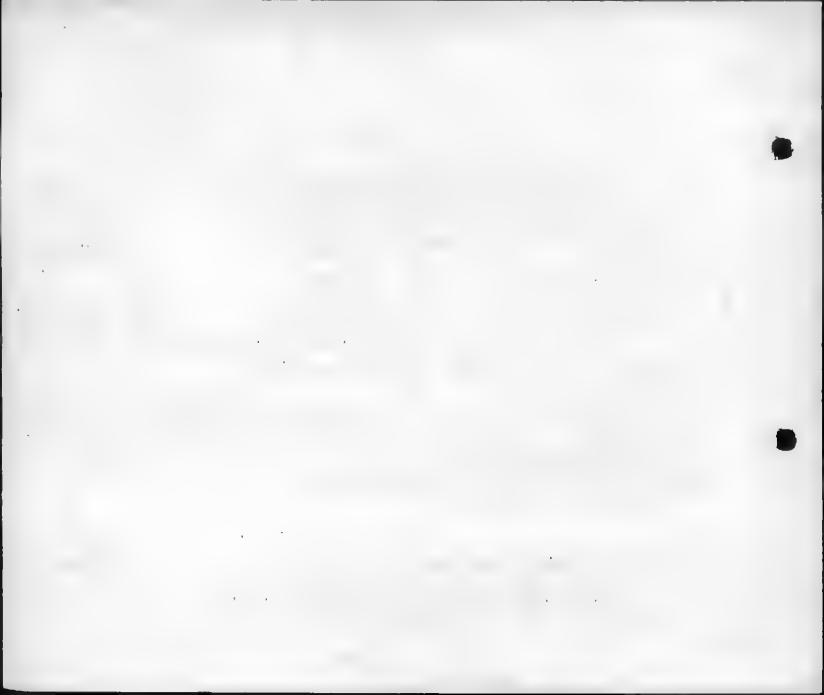
01()1)	CERTIFICA	IE OF DEATH		COTTE							
PLACE OF DEATH	HS 0,7 PILLO	2 USUAL RESIDENCE (Whe	re deceased lived. If institution Re	esidence before admission)							
GARRETT	MARYLAND	MARYLAN		RRATT							
b, CITY OR TOWN (If outside corporate limits write RURAL and give nearest lown)	c LENGTH OF STAY IN 16	C CITY OR TOWN (IF ou	tside corporate limits, write RURAL	and give nearest town)							
OAKLAND	2 days	OAKLAI	1D								
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?							
SARRETT COUNTY MEMORIAL	HOSPITAL.	BOX #188	<u> </u>	YES NO							
3. NAME OF First DECEASED	Middle	Lost	4. DATE Month	Day Year							
(Type or print) WARDER	REESE	NETHKEN	DEATH AUGUST	7 19 60							
5. SEX 6 COLOR OR RACE 7 MARI	RIED TO NEVER MARRIED	B DATE OF BIRTH	18, AGE (In years   IF UI	NOER I YEAR IF UNDER 24 HRS							
MALE THITE WIDOW	ED DIVORCED	SEPTEMBER 2	1879 /86 01 /11	100(1)							
10a USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)		STRY 11. BIRTHPLACE (Stote of	r foreign country)	2 CITIZEN OF WHAT COUNTRY							
COAL BROKER	Brokage	WAST VIRGI	INTA	U.S.A.							
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		13							
NETHKEN, JOSEPH		PRAMP. (	21 ara BRAN	dT							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17 IN	NFORMANT	Address								
(Yes, no, or unknown) (If yes, give war or doles of service)	216-03-8859CA	DOT THE MEMBERS	T TOOO DADW AND	דא <b>דת כחת האת</b>							
		RULLING NETHVE	1,1329 PARK AVE,	INTERVAL BETWEEN							
PART 1 DEATH WAS CAUSED BY	ne for (a), (b), and (c).	2000	1 1	ONSET AND DEATH							
MMEDIATE CAUSE (0)	EVINOLY P	a away	NOW	3 aay							
DUE TO	1	. 1		V							
Conditions, if ony, which ) (b)	Conditions, if only, which) the land level College										
gove rise to immediate DUE TO											
lying couse lost.											
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IALD SEASE CONDITION GIVEN IT	N PART I(o) 19 WAS AUTOPSY							
ATI				PERFORMED?							
PART II OTHER SIGNIFICANT CONDITIONS  200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  UIF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. /Enter nature of interview to P.	ort Lor Port II of Hem 18 )	113 110 19							
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CUBE HOW HAJOK, OCCURRE	D (cure) solute of rulary servi	, , , , , , , , , , , , , , , , , , ,								
20c TIME OF INJURY Month, Day, Year 20d. I Hour o m. While	for the state of t	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f (City or town)	(County) (Stote							
≥ p. m. 19 of wor											
21   certify that (!) (this haspital) attend	ded the deceased fram.	Jus 5 196	1, 10 Clus )	1961 that (I) (we) las							
saw the deceased alive an Chu			M. Arolfishe couses and or								
220 SIGNATURE	A.	Account to the second to the s	py an extend to do so to the to	22b DATE							
1 Of Daling	2 hick	M D PHYS D ME	STAFF PHYS	SIGNED SIGNED							
22c PHYSICIAN'S	2 DENGE	22d. ADDRESS	ECTOR L.J PHIS L.J	0141070							
NAME (Type)			360								
	ARTNER	OAKLAND									
23g BURIAL CREMATION, 23b DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY O	OR CREMATORY	23d LOCAT ON (City, town, or col	unty) (State)							
burial 8/9/60	Druid Ridge	Cemetery	Baltimore, Ms	aryland							
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR   25b REGISTRAF								

Oakland, Maryland

after death. Page, 4 in by the funeral director, and 2 should be filed with requires that the death certificate be executed within 24 h TO HOSPITAL OR ATTENDING PHYSICIAN: Jaw requires that the death certificate be executed within 24 h may be retained by the hospital or attending station.

TO FUNERAL DIRECTOR: After this mentificate lies benen signed by the attending pllysician and manifietely filled page 3 should be detached far use as the burial-transit permit. Then please\_remove carban papers. Pages 1 c the State Board at Health prior to burial, cremation, ar removal, and in any execut, within 72 haurs ofter death.

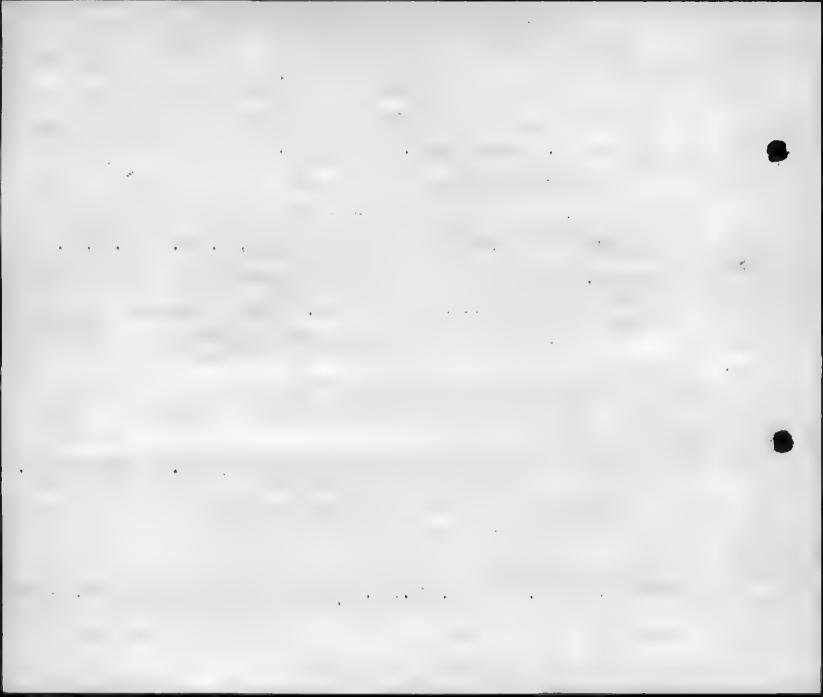
VR A15 (4) 15M 9/59





PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where decessed I ved, If institution, Residence balo's admiss on PLACE OF DEATH ay is necessary, al director. Page of for your files. Board of Hearth. e. COUNTY Garrett e. STATE Md . b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, L E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporele limits, write RURAL and give necrest town) write RURAL and give neerest town) Oakland days Oakland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g vo street address) . IS RESIDENCE ON A FARM? . Memorial Hosp. YES NO X 3. NAME OF 4. DATE uld be executed within 24 hours after death. If an in pencil in Item 18. Give Pages 1, 2, and 3 to the 10ffice along with form PM3. Page 5 may be refaural-transit permit, file pages 1 and 2 with the Soval, and in any event within 72 hours after de DECEASED OF (Type or print) DEATH Anna May Schoch AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7 8. DATE OF BIRTH last birthdey) WIDOWED & DIVORCED 10e. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY! 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Terra Atta. W. Va. Own Home Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fannie Rilev James B. Nordeck 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Ad dress (Yes, no, or unknown) ((fivesquewer or detes of service) Office along with burial-transit permi Mrs. Geraldine Glotfeltv 18, CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH Cereberal hemorrhage into brain tumor weeks DUE TO (6) gave rise to immediate cause **DUE TO** (e), stating the underlying PART II. OTHER S GN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16 19. WAS AUTOPSY PERFORMED? YES X NO F should | 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of Item 18.) esse execute the certificate, writing the should be forwarded to the Chief Med FUNERAL DIRECTOR: Page 3 shoults designated agent, prior to burial, or PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. Fell out of bed at home 6-15-60. unk. head Month, Day, Year | 20d, INJURY OCCURRED 20s, PLACE OF INJURY (Home, form, 20f. (City or town) fectory, street, office bldg., etc.) While ef work et work 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection X. Inquiry X and in my opinion death resulted from: Natural causes X. Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER IX DEPUTY Address (Street, city, lown, or county) Oakland, Md. 8-2-60 Feaster, Jr., M. D NAME (Type) 220 BURIAL CREMATION | 226. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) [Slele] REMOVAL (Specify) 40 6 23. FUNERAL DIRECTOR VS. A15ME

ARYLAND STATE DEPARTMENT OF HEALTH



rs after death. Page 4

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Imges 1 and 2 should/Se filler with the State Board of Health prior ta burial, cremation, or removal, and in any event, within 72 hours after death.

e law requires that the death certificate be executed within 2

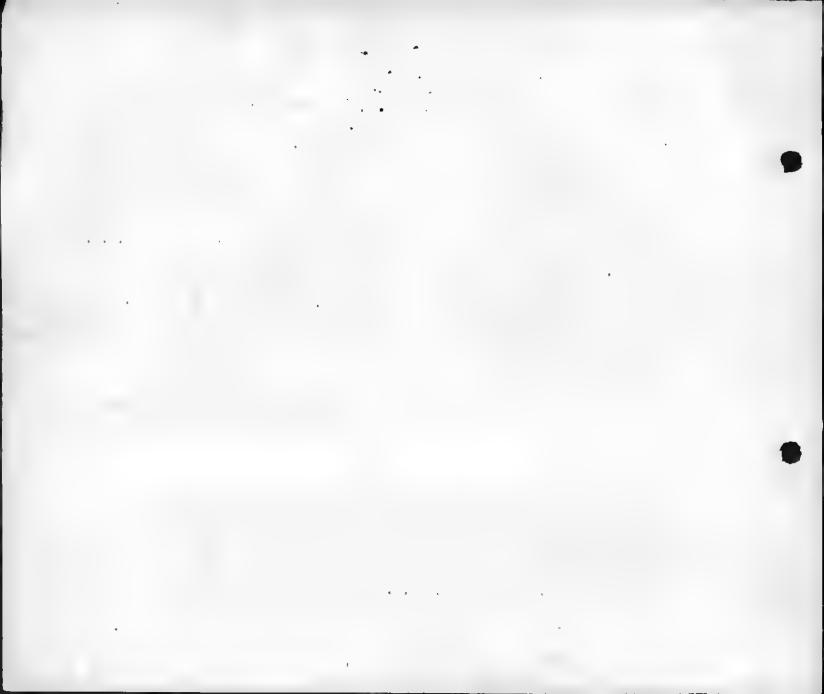
TO HOSPITAL OR ATTENDING PHYSICIA

VR A15 (4)

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/	1. PLACE OF DEATH 6. COUNTY Garrett County, MARYLAND					2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE amland b. COUNTY Garrett,							
,		b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 - 29 Hrs. 10 14				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) n. Rural-, Swanton'							
4		OR INSTITUTION	A. (If not in hospital, glounty Lemo	- 4			R#1,		ion		1	0	RESIDENCE N A FARM?
	3. i	NAME OF DECEASED Type or print)	fir Judy	st	Middle Kav		ما cliarp:	st	4. DATE OF DEATH	Augu	Nonth St	Day 22	Yeor 1960
	5. S	ex Temale	6. COLOR OR RACE	7. MARRIE	D NEVER MARRI			Ή		. AGE (In yeo lost birthdoy	IF UNDER	Days Ho	NDER 24 HRS
	10a.	JSUAL OCCUPATION during most of work	IN (Give kind of work ing life, even if retired	dane 10b. Kl	****	OR INDU	TRY 11 BIRTHP	LACE (Stote		ntry)	12. CITI	ZEN OF WH.	AT COUNTRY?
	17	<u>llewborr</u> FATHER'S NAME Larence E	. Sharpless	J			14 MOTHER'S	MAIDEN N					
	1S. (Yes	WAS DECEASED EVE	R IN U. S. ARMED FOR If yes, give war or dates of s	ervice;	DCIAL SECURITY NO		rence 1	. Shai	rpless,		ddress Li6, R.	(1, Sw	anton,
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  PREMATURE:  ONSET AND DEATH  25 48  DUE TO									ND DEATH		
		Conditions, if ony, which gove rise to immediate couse (a), stating the under-											
	CABON	lying couse lost. PART II. OTH	) (c IER SIGNIFICANT CON		INTRIBUTING TO DE	EATH BUT	NOT RELATED TO	O THE TERMI	INAL D SEASE	CONDITION	GIVEN IN PAR	PE	AS AUTOPSY REORMED?
	CERTIFI	20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of item 18 ) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
	MEDICAL	20c. TIME OF INJURY Month, Doy. Year Not while of work									(State)		
		21 1 certify that (!) (this haspital) attended the deceased fram 8 19 6, ta 8 1 19 6, that (!) (we) last saw the deceased alive an 8 2 19 4 and that death accurred at M, fram the causes and an the date stated above											
		22c. PHYSICIAN'S DIRECTOR PHYS											
	230	NAME (Type)	James II. I		r, Jr., 1			land,	Maryla	nd ON (City, town	n or country)		State
	230	READOWN (POST)	Aug. 23/		Turner			1	near S		, ,	,	pierel
	24	mum D	SISTATURE	4	ADDRESS Blaine	. W	Va.		D BY REGISTR JG 2 4 16		GISTRAR S SIG	SNATURE	
		2070	1-129	(1)									-



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) OVB DISTRIBUTE e. COUNTY Page a. STATE b. COUNTY MARYLAND b. CITY OR TOWN [il outsida corporete limits, c. CITY OR TOWN (If outs da corporate limits, write RURAL and give nearest town) director. c. LENGTH OF STAY IN 16 writerBURAL and give nearest lown) your TO d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, g ve street eddress) ON A FARM? 60 the State B YES Y NO. 3. NAME OF 4. DATE Middie Month DECEASED Carle Langue (Typa or print) DEATH 19 10 ¥. 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH 19. AGE (In years ) IF UNDER 1 YEAR ! IF UNDER 24 HRS may 2 and 2 w last birthdey) and Months WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work I 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? certificate should be executed within 24 hours after a second of the sec 956 done during most of working life, even if retirad) T. Va. U.S.A . 43 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY ELLET MORFILME CHAPLES THORAG TIV 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address (Yas, NO for unknown) ! (If yas givawar ordales of servica) | Mr. Charles Sauder. ong with 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) a burial-Office DUE TO Conditions, fant, which (b) gave rise to immediate cause the word "pending | Medical Examiner's should be used as a DUE TO (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE CONDITION GIVEN IN PART 1, 8), 19, WAS AUTOPSY PERFORMED? should be ial, cremati YES NO T 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury In Part I or Part II of item 18.) beceased was asleep in his parked truck which in turn was PRIMARY OF CONTRIBUTING e 3 sho CAUSE OF DEATH. struck by a min it changed truck Rt. 135. writing Chief / Month, Day, Year factory, streat, office bldg., alc.) Not While AUG. 2 10 60 at work 3 at work Street Bloomington, Garr., Mdd 유유 OR: Inspection [X]. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inquiry DE and in my opinion 0 should be forwarded to FUNERAL DIRECTOR Ü death resulted from: Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE BIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER 31 EXAMINER'S سر فيالى أيدنك NAME (Typa) '., II. D. Address (Street, city, lown, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) 22a. BURIAL, CREMAT ON, 22b. DATE THEREOF Levels Cemetery Levels, W. Va. 40 0 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE ADD RESS VS. A15ME arihun S. Kraus 5M 7/59 DATEAUG 4



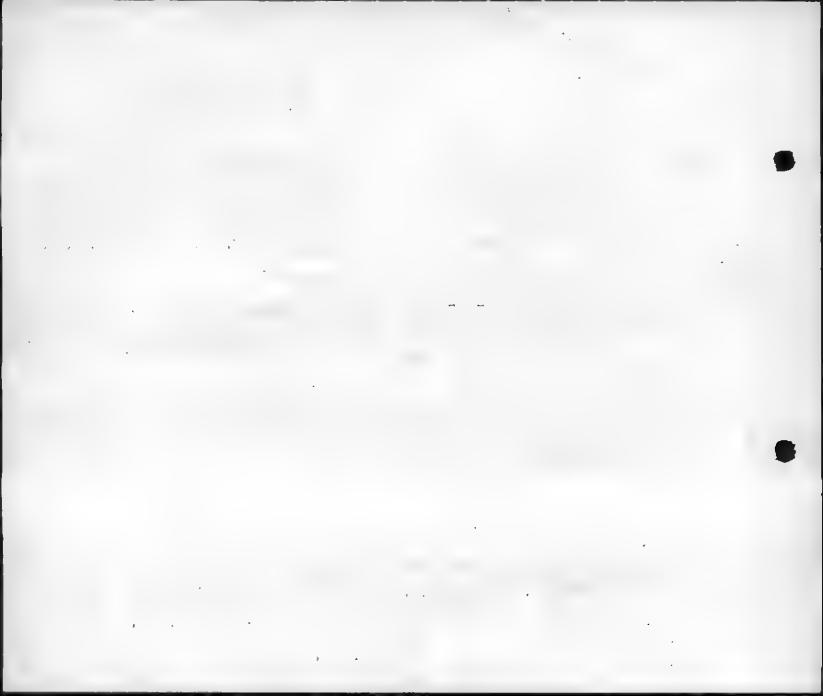
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09152

		OT 1	CERTIFICA	TE OI DEATH							
1	PLACE OF DEATH	<u> ምስታ አይጥ</u>	MARYLAND	2 USUAL RESIDENCE (WHO O. STATE	5 COUNTY	tion: Residence before admission)					
	b. CITY OR TOWN RURAL and give	(If outside corporate limits, v	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
		CAKIND	5 DAYS	A DEER P	?RK						
)	OR INSTITUTION		street address) AL HOSPITAL	d. STREET ADDRESS		e is residence on a farm? Yes \( \) No \( \)					
3		First	Middle	Last	4 DATE No	inth Day Year					
	(Type or print)	ICHAPIT		SOLLARS	4. DATE MO	IST 14 1960					
5	SEX	6 COLOR OR RACE 7	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years last birthday)						
Ļ	MALE		DOWED DIVORCED	FEBPUARY 16,	1883 77 yrs						
11	Da. USUAL OCCUPAT during most of w	TION (Give kind of work done orking life, even if retired)	106, KIND OF BUSINESS OR INDU	ISTRY 11 BIRTHPLACE (Stole	or foreign country)	12 CITIZEN OF WHAT COUNTRY					
4	oal MINE		oft Coal Mine	8   ELK GARD	EN W. VA.	U. S. A.					
₹ī	3 FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME						
2	THOM				KINS						
11	S. WAS DECEASED E	VER IN U. S. ARMED FORCES [1 yes, give wor or dates of service		NFORMANT	Ade	dress					
П	no		220-03-7217	MARGARET SOLL	APS DEER F	A K. MARYLAND					
	PART 1 DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO	Pulmanary	· Exema	* Bilateral E	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH					
	Conditions, if gove rise to couse (a), statin lying couse los	g the under-	"intenie	IN ONE	ruchaesis	Lit Enknow					
40164	PART I. O	THER SIGNIF CANT CONDITI	ons <u>contributing to death</u> bu	T NOT RELATED TO THE FERMI	inal disease comb tion gi	YEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES [2] NO [					
- 1	OR CONTRIBUTION (IF EITHER, NOTIL	VAS UNDERLYING [] 206 IG [] CAUSE OF DEATH FY MEDICAL EXAMINER]	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Part I or Port II of item 18 )						
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	20c. TIME OF INJ	. 19	20d. INJURY OCCURRED 29e. Pl While Not while fo at work at work	LACE OF INJURY (Home, farm actory, street, office bldg., atc	20f (City or Iown)	(County) (State					
	21 I certify that (1) (this hospital) attended the deceased from 12520h. 1927, to 445 14, 1969, that (1) (we) last sow the deceased alive on 2504 14,1969, and that death occurred at 4.15 M, from the causes and on the date stated above.										
	220 SIGNATURE	ant file	Jesqhion.		ED. STAFF PHYS	17 Aug.6					
	PHYSICIAN'S NAME (Type)	4	eighton, M.D.	22d. ADDRESS 77 Oak St	treet, Cakland	l, Maryland					
2	BUR AL, CREMAT		Deer Park C		Deer Park,	or county) (Stote)					
2	A PUNERAL DIRECTO	DES SIGNATURE	ADDRESS Oakla	nd Md		SISTRAR'S SIGNATURE					

may be retained by the hospital ar after physician.

TO FUNKAL DIRECTOR: After this certificate him been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, ar remayal, and in any ment, with n 72 haurs after death urs ofter death. Page 4 he law requires that the deoth certificate be executed within 24 TO HOSPITAL OR ATTENDING PHYSICIAL VR A15 (4) 15M 9/59



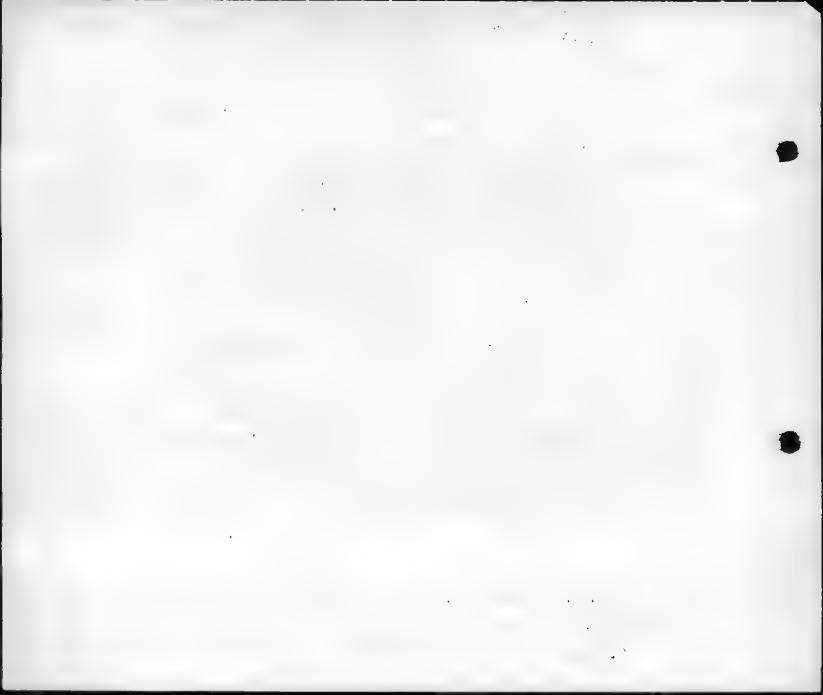
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

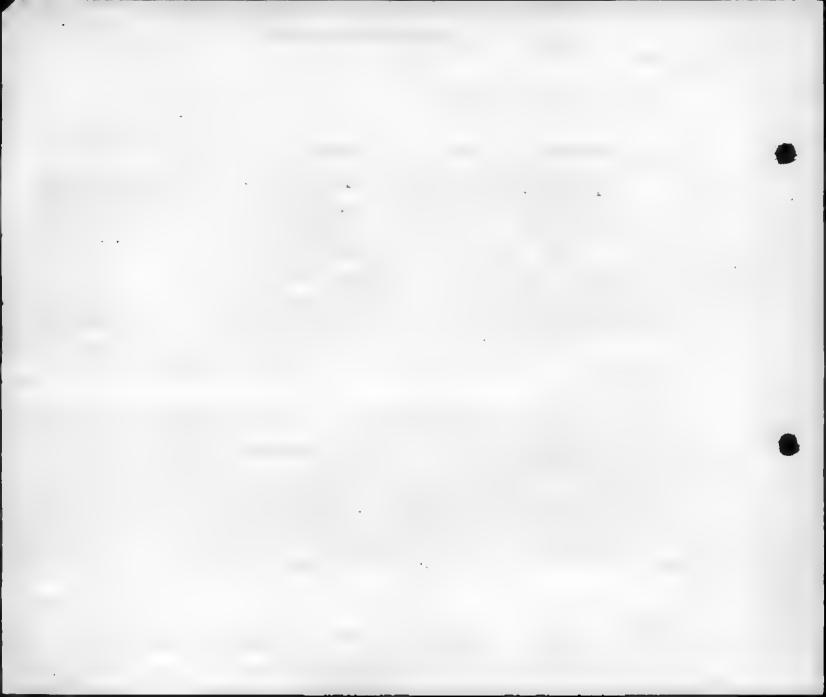
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Pager dec	5 :
may be revained by the haspital or attend plysician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the Star Board of Health priar to burial, crematian, or removal, and in any perturbance attended to the death.	10a
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may be retained by the haspital or attend   I ysician O FUNERAL DIRECTOR: After this certificate has been spage 3 should be detached for use as the burial-transit the Star Board of Health priar to burial, crematian, or a	
y be uNER	23c
5 pg t	24

_													
1	PLACE OF DEATH			11.489		USUAL RESIDI	NCE (Wh	ere deceased	lived. If ins		sidence bef	ore admis	sion)
	CARRE			MARY		MARYLAND GARREN							
	b. C TY OR TOWN (IF RURAL and give nec	outside carporate timi irest fown)	is, write	c. LENGTH OF STAY		CSTY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)							
	OAKLAND	25 Days		**************************************	HUTTO	N. MA	RYLAND						
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	ive street	address)		d. STREET AD	DRESS				*	e. IS RE	SIDENCE A FARM?
	GARRETT	CO. MEMROI	AL HO	SPITAL									NO [
3.	NAME OF DECEASED	Fin	st	Middle		Lost		4. DATE		Month	D	ау	Year
	(Type or print)	LEWIS		LEE		STEWAR	T	OF DEATH	AU	GUST	7	,	1960
S	SEX	6. COLOR OR RACE	7. MARR	ED TO NEVER MARRI	ED B	DATE OF BIRTH			9 AGE (In y	ears IF UI	NDER 1 YEA	-	7
	MALE	WHITE	WIDOWE	DIVORCE	D S	EPT. 14	. 1.89	90	last birthd	ALZ WOL	this Days	Haurs	Min,
10	W USLAL OCCUPATIO	N (Give kind of work of	ione 10b	KIND OF BUSINESS C	R INDUSTR	Y 11. BIRTHPLA	CE (State	or foreign co	ountry)	1:	2 CITIZEN C	OF WHAT	COUNTRY
	during mast at worki	ng life, even if retired)				DOLL	e e e e e	ז.ד ויי	77.5		USA		
13	. FATHER'S NAME					14 MOTHER'S /	ESRUE MAIDEN N		-VA		0-023		
	SANTIRD S	TEMART				ET.TZ	A RETE	I SUSA	N SYPO	ייח			
	. WAS DECEASED EVER		CES7 16.	SOCIAL SECURITY NO	), 17 INFO				., 0110.	Address			
0	(es, no, or unknown) [1	I yes, give wor or dates of s	HTV108)		(MA	BEL STE	TA TOP	WIFE)	HIPP	CN N	ARYLA	NED	
=	18 CAUSE OF DEAT	TH TE-to		ne for (a), (b) and (c)				WILLIAM	HOLL	CH <sub>3</sub> E		TERVAL B	ETW/EENI
		H WAS CAUSED BY		ie for (a), (b) and (c)	0)		Y	000	,			SET AND	
	IMMEDIATE CAUSE (o)												
	DUE TO COLOR DAG COLOR												
		Conditions, if any, which) (b) (tillauce) (Myservical Usilia)											
	cause (a), stating t	gave rise to immediate cause (a), stating the under-											
_	lying cause lost.	) (0		A	-	ALC:						· · · · · · · · · · · · · · · · · · ·	
Z C	PART H. OTHI	ER SIGNIFICANT CON	D TIONS C	CHARIBLTING TO DE	ATH BUT NO	OT PELATED TO	THE TERM!	NAL DISEASE	E CONDITION	4 GIVEN IN	V PART I(a)	19 WAS	AUTOPSY DRMED?
S		N ly heren		) un runo		H-M LO	chi	our	an	2ms		YES [	NO
CERTIFI	OR CONTRIBUTING	20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of Item 18 ) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
		Month, Day, Yes	r 20d. II	NJURY OCCURRED	20e. PLACI	OF INJURY (H	ome, form	20F (City	or town)		(Courty	/)	(Stote
MEDICAL	Haur a m.	10	While	Not while		y, street, office			^		,,		,-
Z	p.m.	- 17	or wor	k at work		. 611			$\left( \frac{1}{2} \right)$	7			
	21 I certify that	(1) (this hospital	) dijend	ed the deceased		100		, .ta			19 t		
	saw the decease	ed alive an &	0 00	19, and	that dec	th occurred	at 8:5	MA tr Mrs	the cause	s and a	n the dat		
	220 SIGNATURE	/( '	. 1.	6 -		ATTENDING	M	ED.	STAFF			22	2b DATE SIGNE
	7	( Johnson	NUFF		M.I	D. PHYS.	₽ DI	RECTOR	PHYS.				
	22c. PHYSICIAN'S NAME (Type)	9				22d. ADDRES	S						
		E.I. BAUM	GARTI	JER M. D.		OAK	LAND.	-MARY	LAND				
23	BO BURIAL CREMAT OF	236 DATE THEREC	)F	23c NAME OF CEM				23d LOCAT	ON (City, to	wn, ar cal	unity)	(Sta	re)
R	temoval (Spec fy)	urial 8/10	0/60	Terra Alt	a Ceme	etery		Terra	Alta,	West	t Virg	inia	
24	FUNERAL DIRECTOR'S		ra Al	ta West V	irgin		250 REC'	D BY REGIST	RAR 25b	REGISTRAF	S SIGNAT	LRE	
	Md. F.D.	License A8.	305	cuj nese y	8-11.		DATE	NIG 12	60	CLAN	A, (	V	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o COUNTY o. STATE b. COUNTY Garrett Garrett MARYLAND Marvland death. erai be f b. CITY OR TOWN III outside corporate limits, write C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 200 Rural Friendsville. of life Rugal Friendsville. Wd d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE YES Y NO none NAME OF Middle 4. DATE Lost Month Day Year DECEASED (Type or print) DEATH 1960 23 Hmb le Manilla Gladys Thomas August 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8 DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours Min Feb. 28. 1899 WIDOWED IX DIVORCED T white Female papers. YFS. ā 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? Housewife U.S. Marvland နှ carban 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician Hosea Thomas Ida Belle Thomas mave IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ğ no Ohlen Umble none Friendsville. Marvland 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ã PART I. DEATH WAS CAUSED BYIMMEDIATE CAUSE (o **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** cottse (o), stoling the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? buria YES NO anemer 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stole) foctory, street, office bldg., etc.) a. m. While Not while of work of work | 21. I certify that I attended the deceased fram 19 6 Othat I last saw the deceased that death accurred at 21 M, fram the causes and on the date stated above. ADDRESS (Sireel, city or town, state) DATE SIGNED DIRECT ACTUAL SIGNATUR Efficiency. should PHYSICIAN'S NAME (Type) FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) page REMOVAL (Specify) /26/60 8 Sand Spring Cemetery Garrett Maryland o FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A1S (4) Call of S. Three 15M 9/55



VR A15 (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 9173

09155

1. PLACE OF DEATH a. COUNTY GAT	TUTT		MARYLAN	2. USI	JAL RESIDENCE (V	Vhere deceased	d lived. If instituti b. COUNTY		before admis	sion)
b. CITY OR TOWN (I RURAL and give m	f autside carporate limits, carest tawn)	, write c. LENG	TH OF STAY IN 1	Rur	al Joak	autside carpo		-	nearest taw	n)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, giv	re street address).	MOSFITA	L d.	STREET ADDRESS	65£ 4	mi. N.	Oakla	ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First GILBLR		Middle CARRCL	ī, †	Lost ALLER	4. DATE OF DEATH	AUGUS		Day	Yeor 19
5. SEX	on one to have power in	MARRIED N	EVER MARRIED DIVORCED	B. DATE	26 187 XXXXXX		9. AGE (In years last-birthday) yrs.	Magths De	Par IF UND	_
	ON (Give kind af wark do king life, even if retired)	10b. KIND OF		DUSTRY 11	BIRTHPLACE (State	e ar fareign co	ountry)		S.A.	COUNTRY?
13. FATHER'S NAME JESSE 15	DER			14. N	CLTTARE		MD			
15. WAS DECEASED EVE [Yes, no, or unknown]	R IN U. S. ARMED FORCE (If yes, give war or dates of son	ES? 16. SOCIAL S vice 218-01	-6000 (	MARY I	O. TETMER	R) BCY	#252 Add	iress T. LAIT	tw.K,	, lD.
20g. ACCIDENT W	mmediate the under DUE TO (c).  HER SIGNIFICANT COND  AS UNDERLYING []   CAUSE OF DEATH		ITING TO DEATH		LATED TO THE TER			VEN IN PART I	PERF	AUTOPSY ORMED? NO
(IF EITHER, NOTIFY  20c. TIME OF INJUR  Hour a. m. p. m.	MEDICAL EXAMINER) Y Manth, Day, Year 19	While Nat	CCURRED 20e while work	PLACE OF factory, str	INJURY (Hame, fa eet, affice bldg., e	rm, 20f. (City	or tawn)	(Cau	unty)	(State)
	of (1) (this hospital) sed alive an 7-3	*	60, and the	M.D. P	TENDING	- pd -	STAFF PHYS.	nd an the c	date states	
Bury a Pecify			AME OF CEMETER			23d. LOCA	TION (City, town, Oakla	nd, M	(Sta	ite)
24 FUNERAL DIRECTOR	seight les	Z ADI	Oakla:	nd, N	rd -	C'D BY REGIST		istrar's sign		

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09156

9183Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTGarrett Maryland. MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Rufationd a Deer orpark. yrs. Rural Deer Park. d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE D. N. Deer Park, Md. ON A FARM? R. D. 5 Mi. N. Deer Park YES NO P 3. NAME OF 4. DATE DECEASED Ralph Wright 21, 1,60 Everett August DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years rior birthday) Jan. 3. 1887 Male White WIDOWED [ DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Wood Working U.S.A. Maryland. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John A. Wright Flora McRobie 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) Mrs. Emma Wright R. D. Deer Park, Md. 320-10-1025 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 19, WAS AUTOPSY PERFORMED? YES NO Z 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while of work of work 196 that I last saw the deceased 21. I certify that I attended the deceased fram. M. Fram the causes and on the date stated above. , and that death occurred at ADDRESS (Street, city of town, stote) ACTUAL Ralph Calandrella, M. D. Kitzmiller. Md. PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY near Swanton, (Stote) 8/23/1960 George Cemetery FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Oakland, Md.

DATE AUG 2 6 '60

VS A15 (4) 15M 10/57

